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	PAT	ENT APPLI		FEE DETE		N RECORD	ormation true		ys a valid OMB o	
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR .	OTHER THAN SMALL ENTITY	
FOR		. NUMB	NUMBER FILED		NUMBER EXTRA		FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))					s	OR	ICATE			
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 =			v .	***************************************	1	<del></del>	S
INDEPENDENT CLAIMS		AS .			-	x s =	<b> </b> -	OR	X S . =	
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<u>Y-</u>	<u> 28-05</u>	(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR		R THAN ENTITY
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Z.	Independent (37 CFR 1.16(b))	•	Minus	*** ,	=			OR		
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		(Column 1)		(Column 2)	(Column 3)					L
NTC	_	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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N.	Independent (37 CFR 1.16(b))	•	Minus	***	=		,	OR	x s=	
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$\vdash$		······································				TOTAL	<u> </u>	OR	TOTAL	
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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public, which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT APPL	ICATION FEE DET	Application or Cocket Number								
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* If the early in externa ( in " If the Thybrox Municipal Association As	ions then the order in column referrely Paid For \$4 THES S	ng) ospi. Mr. may	ADDIT FE		OR	TOTAL	50			
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